

<b>SURVIVOR BENEFIT PLAN ELECTION CERTIFICATE</b>  <i>(THIS FORM IS AFFECTED BY THE PRIVACY ACT OF 1974 - See Page 2.)</i>		Reserved for Service Use Only		
		a	b	c
		d	e	f

SECTION I - INFORMATION CONCERNING MEMBER RETIRING AFTER 21 SEP 72				
1. LAST NAME, FIRST, M.I.	2. SOCIAL SECURITY NO.	3. RETIREMENT DATE	4. RANK OR GRADE	5. DATE OF BIRTH

SECTION II - MARITAL, DEPENDENCY, AND ELECTION STATUS	
6. Are you married? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> 7. Do you have dependent children? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> 8. Check one of the following to indicate the type of coverage you desire: ___ a. Spouse only ___ b. Spouse and children ___ c. Children only ___ d. Natural person with insurable interest <i>(may be elected only if you have no spouse and/or children)</i> ___ e. None ___ f. Former Spouse <i>(Complete items 10, 11, &amp; 12)</i> ___ g. Former Spouse and children <i>(Complete 10, 11, 12, &amp; 15)</i> <i>*If married, corrections in Section II require initials of both you and your spouse.</i>	9a. If you checked 8a, b, or c, do you elect to provide an annuity based on the full amount of retired pay or on a reduced portion of retired pay?  <div style="text-align: center;"> <input type="checkbox"/> FULL      <input type="checkbox"/> REDUCED         </div> 9b. If you want to provide a reduced annuity, show the amount of retired pay <i>(base amount)</i> upon which you want the annuity computed.  <div style="text-align: center;">           \$ _____         </div> 9c. (See instruction on page 2) ___ Option A (Defer) ___ Option B (Age 60) ___ Option C (Immediate coverage)

IMPORTANT: The decision you make with respect to participation in this Survivor Benefit Plan is a permanent irrevocable decision. Please consider your decision and its effect very carefully.

SECTION III - FAMILY INFORMATION <i>(List additional names on Page 2)</i>		
10. NAME OF SPOUSE <i>(Last, First, M.I.)</i>	11. SPOUSE SOCIAL SECURITY NO.	12. SPOUSE DATE OF BIRTH
13. PLACE OF MARRIAGE <i>(City, County, State, Country)</i>		14. DATE OF MARRIAGE
15. I have the following unmarried dependent children under age 22 (or over age 22 and incapable of self-support because of a disability incurred before age 18 or, after age 18 but before age 22 while attending school).		
15a. Last name, first, M.I.	15b. Social Security No.	15c. Date of birth
		15d. Relationship (natural, step, adopted, foster)

SECTION IV - INSURABLE INTEREST COVERAGE		
16. If you are unmarried and have no dependent children, and you checked item 8d, complete this section with information pertaining to the person you want to receive an annuity who has an insurable interest in you.		
17. LAST NAME, FIRST, M.I.	17a. SOCIAL SECURITY NO.	17b. RELATIONSHIP
17c. MAILING ADDRESS		17d. DATE OF BIRTH

SECTION V - ADDITIONAL INFORMATION	
18. Is this the only election of coverage you have submitted under the new Survivor Benefit Plan?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION VI - SIGNATURES		
SIGNATURE OF RETIREE	SIGNATURE OF WITNESS	DATE

Item 9c applies only to Reserve and National Guard members who have been notified that they have completed the required years of recognized Federal Service to be eligible for retired pay upon application at age 60.

Instructions for completing Item 9c. You should elect one of the options offered under Item 9c. The following is an explanation of each option:

Option A-- I decline to make an election at this time. (I will remain eligible to make an election for coverage at age 60).

Option B-- I elect to provide an annuity beginning on the 60th anniversary of my birth should I die before that date, or on the day after date of death should I die on or after my 60th birthday.

Option C-- I elect to provide an immediate annuity beginning on the day after date of my death, whether before or after age 60.

IF RETIREE DOES NOT ELECT OPTION B OR C AT THIS TIME, AND SHOULD DIE BEFORE AGE 60, THE SURVIVORS WILL NOT RECEIVE BENEFITS UNDER PUBLIC LAW 95-397.

SIGNATURE OF RETIREE	DATE	SIGNATURE OF SPOUSE (If married)
RETIREE'S SSN		SPOUSE'S SSN (if applicable)
ADDRESS		TELEPHONE NO.

#### PRIVACY ACT STATEMENT

*AUTHORITY: Public Law 92-425, 21 Sep 72; EO 9397.*

*PRINCIPAL PURPOSE(S): Used by retirees who retired subsequent to September 20, 1972, to enroll in the Survivor Benefit Plan at less than maximum limits.*

*ROUTINE USES: Uniformed Services review form for completeness, validate and record level of participation.*

*DISCLOSURE IS VOLUNTARY: However, the information transmitted in this form is necessary to administer the above law. Without it, retirees could not enroll in the Survivor Benefit Plan at less than maximum limits.*

PRINCIPAL PURPOSE(S): To allow military personnel to elect to participate in the Survivor Benefit Plan.

ROUTINE USES: Information will be used by USCG personnel to act upon individual's request for Survivor Benefit Plan coverage.

DISCLOSURE IS VOLUNTARY: However, if individual fails to return form and elect one of the options, his/her dependents would not be covered under the Survivor Benefit Plan.

Initial one of the following:

— I ELECT SUPPLEMENTAL RC-SBP COVERAGE FOR THE SPOUSE/FORMER SPOUSE PORTION OF MY ELECTION AT ( ) PERCENT OF RETIRED PAY. (enter percentage desired in blank: 5 percent, 10 percent, 15 percent, or 20 percent)

— I DECLINE SUPPLEMENT SSBP COVERAGE.